

## Chapter 4.C Investigation Summary

- A. The investigation summary is a written record of the facts and the conclusion.

The CFS Specialist will:

1. review all the gathered evidence or facts that support or refute the allegations.
2. will analyze and weigh the evidence,
3. describe their analysis and discuss their resolution of any conflicting information in witness statements or other observable facts,
4. describe the evidence collected and provide a conclusion about the validity of the allegations,
5. complete the Investigation Summary which contains narrative sections that summarize the critical and relevant components of the investigation, and
6. complete the Investigation Summary which contains narrative sections that summarize the critical and relevant components of the investigation.

The investigation summary is not meant to be a rewrite of case recording forms, but a brief overview of the relevant information from the investigation. The investigation narratives are intended to be a succinct, chronological record of the process of the investigation and contain all relevant information collected. The CFS Specialist will not identify the reporting party.

Any person reading the investigation summary will have a comprehensive picture of the investigation without having to read through each detail contained in the contact, evidence, other narratives or case file. The summaries can be especially useful when providing summaries to law enforcement, county attorneys, facilities, or anyone else who has a right to receive summaries of an APS investigation. The following sections will detail each domain topic and subtopics and what information should be summarized in each.

- B. N-FOCUS system automatically prints the names, allegations, summary and recommendations. The CFS Specialist will complete the investigation summary in N-FOCUS.

### Summary Narratives

The investigation summary contains the following sections;

1. ALLEGED VICTIM
2. ORGANIZATION PROVIDER
3. SAFETY RESPONSE
4. ALLEGED PERPETRATOR
5. EVIDENCE/CONTACT SUMMARY
6. MALTREATMENT
7. RECOMMENDATIONS FOR SERVICES
8. RECOMMENDATIONS TO COUNTY ATTORNEY
9. ORGANIZATION RECOMMENDATIONS
10. OTHER RECOMMENDATIONS

The following sections describe what is expected to be documented in each section.

#### 1. ALLEGED VICTIM

Determine Vulnerable Adult Status:

This purpose of this section is to document the conclusion of whether the alleged victim meets the definition of a vulnerable adult and the supporting reasons for the conclusion.

For Example, If an adult has a guardian appointed by a court in Nebraska this automatically qualifies the adult as vulnerable adult. **Write the name and contact information of the guardian.**

Example: Mr. Smith has a court appointed guardian/conservator, Joe Allen, so according to NE State law; Mr. Smith meets the definition of a vulnerable adult.”

This person meets the definition of a vulnerable adult due to the diagnosis of (XXXX) conditions that impacts their ability to live *independently*.

#### Substantial Functional Impairment

Describe the following:

Activities of Daily Living Skills (ADLS)

Independent Activities of Daily Living Skills (IADLS).

List what ADLS they can do.

What ADLS can't they do?

What is the condition or diagnosis?

What IADLS can and cannot do?

Describe the physical impairments?

Medical information must always be attributed to the source; labels or diagnoses should not be used unless furnished by a medical professional. Medical information **must** consist of **specific facts** regarding the adult's condition as observed by medical / mental health professionals.

When legal action is being considered, the CFS Specialist must **request the medical / mental health personnel to describe how the existence of a condition, or the combination of conditions, places the adult in danger or harm and how imminent the harm to the adult will be if those conditions are not alleviated within a relatively short period of time.** *It is not enough* to say that the adult would be better off if removed from the home or not sent home with a relative of questionable caring skills.

In this section, the worker summarizes specific functional impairment(s) which support the conclusion that the alleged victim meets the definition of a vulnerable adult. This subtopic addresses how the adult functions on a daily basis and **how and if their ability to function or live independently is limited**. This would include describing any functional impairment, diagnosis, or conditions and describing how each supports the vulnerable adult determination limits the adult from living independently or providing self-care. These functional impairments may include, but are not limited to the following areas:

- a. Movement, Mobility, or Balance
- b. Respiratory Functions
- c. Dimensional Extremes (extreme obesity, extreme small stature)
- d. Sensory Functions (vision, hearing, sensation)
- e. Speech/Language Functions

- f. Stamina or Fatigue
- g. Congenital Defect
- h. Developmental Disability affecting physical function
- i. Physical Health
- j. Knowledge of basic needs for daily life

Include a brief description of how the physical limitation impacts the adult's ability to live independently or provide self-care.

#### Substantial Mental Impairment

The worker may also determine the presence of a substantial mental impairment. The worker documents any specific mental impairment(s) which support the vulnerable adult determination. This would include **listing any diagnosis, conditions, or impairments and describing how each limits the adult from living independently or providing self-care.** These impairments may include, but are not limited to:

- a. Mental Health
- b. Substance Abuse
- c. Problem Solving Ability
- d. Judgment and Decision Making
- e. Ability to Function Independently/Dependent on Others
- f. Ability to think and Communicate Rationally
- g. Self-care, self-preservation, and self-protection
- h. Coping and Stress Management
- i. Self-Control
- j. Psychotic or Thought Disorders
- k. Memory Disorders (Dementia, Alzheimer's, etc.)
- l. Mood Disorder (Bipolar Disorder, Depression)
- m. Intellectual Impairment
- n. Developmental Disability
- o. Traumatic Brain Injury
- p. Chronic Substance Abuse/Addiction

Examples of an impairment or disturbance in the functioning of the mind or brain may include the following:

- a. Conditions associated with some forms of mental illness
- b. Dementia
- c. Significant learning disabilities
- d. The long-term effects of brain damage
- e. Physical or medical conditions that cause confusion, drowsiness or loss of consciousness, delirium, concussion following a head injury, and;
- f. The symptoms of alcohol or drug use.

In this area the worker summarizes the alleged vulnerable adults functioning abilities. The CFS Specialist will provide a summary of the adult and their functioning in the world.

Employment

Relationships – past and present

Family relationships  
General attitude  
Strengths, aspirations  
Legal issues  
Transportation  
History of Domestic Violence  
Communication and Social Skills  
Home and Financial Management  
Citizenship and Community Involvement  
Cultural Practices

The CFS Specialist will describe the physical and mental conditions and functional impairments present and will describe the supporting evidence for the conclusion. The evidence may include environmental observations, statements and opinions which lead to the conclusions regarding the victim's extent of impairment.

#### Determine Decision Making Capacity

During the investigation, the CFS Specialist will gather information that will be used to draw a conclusion about the adult's ability to make decisions. This conclusion is important when completing service planning. The CFS Specialist makes a conclusion about the vulnerable adult's ability to make decisions and understand the consequences.

In this area the worker summarizes the vulnerable adult's ability to consent for services. When involving the Department in an adult's life consent is needed to provide services and as part of the investigation the worker should indicate whether the adult demonstrates the ability to consent to services. Conditions that might affect capacity include:

Cognitive Impairments  
Severe Mood Disturbances  
Perceptual Distortions  
Thought Processing Defects

#### EXAMPLE

Client demonstrates the ability to consent for services by keeping doctor's appointments, paying bills in a timely manner, and when refusing services offered, has a reasonable answer explaining why he doesn't want assistance.

During the interview with the alleged victim/adult, the CFS Specialist will complete a decision making capacity screening. The CFS Specialist will interview the alleged victim/adult about making a decision and will document the following:

- a. Does the person have a general understanding of what decision they need to make and why they need to make it?
- b. Do they understand the consequences of making, or not making, the decision, or of deciding one way or another?
- c. Are they able to understand and weigh up the relative importance of the information relevant to the decision?

- d. Can they use and retain the information as part of the decision-making process?
- e. Can they communicate their decision?
  - Reasoning and understanding of decisions
  - Understanding benefits and risks of decisions
  - Ability to perceive danger
  - Understanding alternatives
  - Making consistent decisions

Information is obtained from medical or psychiatric sources, if available, to assist in the determination. In making this determination, the APS specialist assesses and considers:

- a. the vulnerable adult's short and long term memory;
- b. the vulnerable adult's executive functioning by their ability to plan and execute a plan;
- c. the vulnerable adult's ability to recognize risk factors;
- d. denial of problems by the vulnerable adult or caretaker;
- e. the vulnerable adult's executive functioning by his or her ability to understand and follow directions;
- f. indicators of affective disorders such as depression or bipolar disorder; and
- g. indicators of substance abuse, dementia, delirium, psychosis, traumatic brain injury, uncharacteristic socially inappropriate behaviors, impaired decision-making, and other factors.

The CFS Specialist's assessment of a vulnerable adult's mental capacity to consent to protective services takes into account the vulnerable adult's awareness of:

- a. the limitations and deficiencies in the physical environment;
- b. the vulnerable adult's own physical or mental limitations;
- c. resources available to assist in meeting the vulnerable adult's needs; and
- d. the consequences to the vulnerable adult if nothing is done to improve the situation.

If a vulnerable adult is deficient in all or most of the areas above, he or she may lack the capacity to consent to protective services and it may be appropriate for the CFS Specialist to consult with the supervisor to petition the court for an order authorizing the provision of needed services.

If a vulnerable adult expresses awareness of all four areas above, it is likely that the present circumstances are the vulnerable adult's choice, though in some cases a vulnerable adult might express awareness in these areas and still lack the capacity to consent to provision of services.

If a vulnerable adult appears unaware of the consequences of the present situation, and an emergency exists, legal intervention is appropriate.

The CFS Specialist may also use this section to summarize their observations regarding a person's decision making capacity and documents any

recommendations regarding possible substitute decision making. The CFS Specialist will describe the tools used, observations, and the findings regarding the victim's capacity to consent to adult protective services.

When the alleged victim has a substitute decision maker in place, the CFS Specialist will provide a description of any substitute decision makers for the alleged vulnerable adult. Other types of substitute decision makers may help support the finding of vulnerable adult, but do not absolutely determine someone to be a vulnerable adult. Substitute decision makers may be informal or formal and the worker should describe both in this section. Informal substitute decision makers may not have any legal authority or a contract in place, and formal substitute decision makers include the following:

Power of Attorney  
Durable Power of Attorney  
Power of Attorney for Health Care  
Protective Payee  
Representative Payee

The CFS Specialist will document the name of the substitute decision maker, contact information, the date of beginning of the substitute decision maker and the limits of decision making, if any. If the substitute decision maker is a court appointed guardian or conservator. The CFS Specialist document the county where the court decision was made.

If there is a power of attorney, the CFS Specialist will document the type of power of attorney, the limits of decision making, and the effective date and reason.

If there is a self-neglect assessment, then, the impact of the self-neglecting behavior will be documented in this section.

## **2. Organization Provider**

Describe the prior history of abuse/neglect reports involving the organization or provider, factors that contributed to abuse/neglect including staffing patterns and activities of staff at time of the alleged incident, training of staff, policy/procedures, and home or facility attitudes.

## **3. Safety Response**

The CFS Specialist assesses for current safety and document the conclusion in this section. Documentation includes a description of the circumstances or events affecting the safety of the vulnerable adult at the first face-to-face visit, a description of the development and implementation of a safety intervention either by the APS worker or the organization/family.

The worker uses the section to describe any conditions, events, or circumstances which place the vulnerable adult in a situation which is presently dangerous at the first face-to-face or at any time the worker is meeting with the client. At the end of the investigation, the CFS Specialist will document the adult's current situation.

## **4. Alleged Perpetrator**

When there is an alleged perpetrator, the CFS Specialist will include the following information:

- a. A description of the relationship of the alleged perpetrator to the vulnerable adult,
- b. Attitudes of the alleged perpetrator toward the vulnerable adult,
- c. behavioral or emotional issues of the alleged perpetrator,
- d. financial issues of the alleged perpetrator, or
- e. history of abuse or violence by the alleged perpetrator.

While assessments will document previous contacts with a person, if the finding of a previous investigation is unfounded, it can NOT be a basis for a future placement of a name on the Central Registry. The decision to place a person's name on the Central Registry should not be influenced by more than the specific case allegations.

If the alleged perpetrator is a caregiver, the CFS Specialist should provide a summary of their ability to care for the vulnerable adult, reasons for being a caregiver, satisfaction in the role, or any other pertinent information about the caregiver's role.

## 5. Evidence/Contact Listing

In the Evidence/Contact listing, the CFS specialist will list the critical pieces of information that led to the conclusion. In this area the CFS Specialist describes the relevant evidence and contacts which support the findings. The CFS Specialist will determine what information/evidence is relevant to the investigation decision and what information is irrelevant. This summary will make the most pertinent information readily available to the reader without having to read each contact or evidence narrative.

A victim may not be willing to testify or may be unable to testify due to mental or physical impairments, hospitalization or death. **It is important to be able to build a case without the testimony of the victim.**

Example:

The APS investigation involved direct contact with client, with a collateral person, who affirms that client has been doing very well and has not had a lot of problems, review of N-FOCUS records, contact with Aging Partners, and a referral for services.

Example

2-4-10	interview with alleged victim
2-5-10	interview reporter
2-10-10	interview perpetrator
5-16-10	letter from physician dated xx-xx-xxxx

Example

Worker interviewed victim in her home.  
Worker consulted with staff of AAA.  
Worker consulted with CPS worker  
Worker talked to granddaughter by phone.  
Worker talked to granddaughter at the office.

Worker consulted with staff at Senior Center.  
Worker reviewed medical record dated XX-xx-xxx

## 6. **Maltreatment**

After collecting and analyzing all the gathered information, the CFS Specialist will make a conclusion about the allegations.

The CFS Specialist will succinctly restate the allegation, followed by a description of undisputed facts of the investigation and the types of evidence that are contradictory.

The CFS Specialist will reconcile discrepancies, weighing credibility where indicated and offer a probable timeline of events based upon the evidence found to be credible. The CFS Specialist will document a logical conclusion based on a preponderance of the evidence that clearly outlines the reasoning behind all judgments

The CFS Specialist will succinctly summarize the allegations being investigated in the Maltreatment section.

The CFS Specialist will:

- identify each allegation of maltreatment,
- the findings of those allegations,
- circumstances surrounding the maltreatment, and
- any other information related to the maltreatment.  
Example: The allegation is that alleged perpetrator abused/neglected/exploited vulnerable adult by [specific action], resulting in [specific harm or pain or imminent danger of physical injury or death].

A preponderance of the evidence indicates that this [did/did not] occur. Or:

There is not a preponderance [supporting/refuting] the allegation.

Note: This model offers a formula that is suitable for most cases.

### Findings of fact:

- Organize and record a series of statements that leads to the conclusion.
- Write concise statements, each statement stating one fact.
- Each fact is separated from the next by a line space.
- Use a bulleted format; do not write in narrative paragraphs.
- For each fact, attribute the source of the evidence.
- Identify in parentheses ( ) after each statement of fact, the sources in the report that on which the statement of fact is based.
- For each statement, think, “evidenced by”.

The sources are indicated by:

Witness statements: Identify which witness.



Documentary evidence: Identify the record or evidence by the headings in the evidence sections.

Example: (Pharmacy record). If more than one pharmacy record, include the date to establish which record. Example: (Pharmacy record, 3/02/08).

Examples of finding of facts:

Statement of fact (sources for those facts)

The alleged victim was malnourished and was hospitalized as a result; (ER report 4-8-10)

The Alleged Victim was kicked in the back. (Witness, John Waters. RP, Alleged Victim statements; ER report, 04/07/08, photographs of bruises, 04/10/08).

### Perpetrated

When investigating perpetrated allegations, the conclusions include whether:

1. the alleged victim meets the definition of vulnerable adult;
2. the allegations meet the definition of Abuse, Neglect, and Exploitation;
3. the allegations more likely than not occurred;
4. the alleged perpetrator was a caregiver; and
5. the alleged perpetrator more than likely caused the abuse, neglect, and exploitation resulting in the consequences

During the analysis phase, the CFS Specialist will compare statements made by the alleged victim, the alleged perpetrator, witnesses, and others for consistency, and identify significant discrepancies or contradictions.

The CFS Specialist will:

1. determine which statements or portions of statements are credible and why,
2. identify the undisputed facts versus suppositions and opinion,
3. list the evidence to support the allegation and the evidence that does not support the allegation; and
4. determine whether the preponderance of the evidence has been established.

### **Credibility**

The CFS Specialist will consider the following factors, at a minimum, to determine whether or not the information is credible:

- Any motives the person might have for reporting false information, including the person's interest or lack of interest in the outcome of the report;
- The ability of the person to provide thorough and internally consistent statements and explanations;
- Any physical, intellectual, mental, psychological or character trait which might preclude the person from providing accurate information; and
- Consistency of information provided by the person, with known facts and circumstances, and with corroborating evidence obtained from other sources.

When there are inconsistencies, the CFS Specialist will gather additional information or document how the inconsistencies are resolved.

Following the statements of fact, the CFS Specialist will write the conclusion.

The conclusion states:  
Whether or not the incident happened  
Whether or not there was wrongdoing or self-neglect.

When findings fact are correctly written, the reader will be able to tell exactly what happened by reading the investigation summary and the findings of fact.

**Summary of the investigation's findings;**

1. Include a list of collateral contacts in the Investigation Summary.
2. Pertinent information obtained from interviews;
3. Pertinent information obtained from medical or other records reviewed;
4. Pertinent information obtained from Law Enforcement;
5. Relevant timeline of events that include dates, narrative, and reference documents that would be used as evidence.

**Example narrative:**

The conclusion is supported by specific evidence that is credible because of [specific reasons]. Or: Specific evidence not supporting the conclusion is not credible because of [specific reasons].

The alleged perpetrator's actions [fit/do not fit] the relevant definition of A/N/E because of [specific reasons].

Or: No preponderance exists because of [specific reasons].

*Note:* This model can be used as a formula in many cases, but not all. If there is no conflicting testimony and the vulnerable adult is credible, for example, there is no need to assess credibility.

**Conclusion:**

Following the statements of fact, write the conclusion statements:

For perpetrator related cases: The CFS Specialist concludes based on the statement of acts that:

The incident happened: (answer "yes" or "no")  
Wrong-doing was substantiated: (answer "Department Substantiated or Unfounded.")

For self-neglect cases:

In this investigator's conclusion based on the statement of facts that:

The incident happens: (answer "yes" or "no")  
Self-neglect was Department Substantiated or Unfounded.

Self-neglect was confirmed or not confirmed.
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The documentation in the investigative summary should NOT contain information in regard to a recommendation about the question of expungement.

The statute allows anyone to challenge the accuracy of the listing or attempt to show good cause as why their name should be expunged. The CFS Specialist may include information about the seriousness or the on-going risk in the investigation summary.

**"Department Substantiated"** means the greater weight of the evidence collected during an APS investigation determines that abuse, neglect, and/or exploitation occurred and the alleged victim meets the definition of a vulnerable adult. The worker will document specific events of maltreatment including the severity, duration, and locations of the events.

**"Agency Substantiated"** means the greater weight of the evidence collected during an APS investigation determines that abuse, neglect, and/or exploitation occurred and the alleged victim meets the definition of a vulnerable adult. The worker will document specific events of maltreatment including the severity, duration, and locations of the events.

The CFS Specialist will determine if the incident rose to the level of the definition according the APS act. The documentation should specify whether the elements for each allegation are present and meet the criteria for a finding of agency substantiation.

The CFS Specialist will provide details on how each element of the allegation definition has been met.

For example, if the worker determines that the disabled adult has been physically abused, the documentation should provide enough information to understand how the decision was reached. Once the worker has described how each of the criteria has or has not been met, an overall decision on whether the report is agency substantiated should be documented.

For self-neglect assessments, this section does not apply.

## **7. Nature/Circumstances**

In this section the worker summarizes the following:

- a. circumstances surrounding the identified maltreatment including who else may have been involved;
- b. an analysis of previous maltreatment;
- c. influences leading to maltreatment;
- d. any perpetrator explanations of maltreatment;
- e. identified intent of maltreatment;
- f. attitude of the alleged perpetrator; and
- g. other problems occurring in association with the maltreatment.

## **8. Recommendations for Services**

In this section the worker will summarize the following:

- a. Whether the client will be offered ongoing service coordination; if it will be closed with no services, referrals made, opened for ongoing services,

- b. A description of why ongoing service coordination is needed for the safety of the vulnerable adult or to prevent abuse, neglect, or exploitation;
- c. A description of the facility actions to protect the vulnerable adult;
- d. A description of the services being recommended and why; and
- e. A listing of completed referrals.

The CFS Specialist will document whether protective services were offered and the alleged victim's decision to consent to or refuse services. If there is a substitute decision maker in place, the CFS Specialist documents their decision to consent to or refuse services. If no services are needed the worker will document that there is no need for consent for services.

#### **9. Recommendations to County Attorney**

The worker will document recommendations to the county attorney. If there is a conclusion that there has been a violation of the APS act, then, the information will be forwarded to the county attorney. This may also include any recommendations for a mental health board hearing or other court action initiated by the county attorney.

For self-neglect assessments, this section does not apply.

The Investigation Summary replaces the letter to the County Attorney and fulfills the regulation to inform the County Attorney of the investigation and findings.

For example,

"I send this investigation summary (as per section Ne Rev. Stat. section 28-374) to inform you that there is reasonable cause to believe that there has been a violation of the Adult Protective Services Act. Please review and consider this case for prosecution. This case fits the criteria in the following ways: "

#### **10. Organization Recommendations**

The CFS Specialist describes any recommendations made to the organization/provider to better provide for safety or prevent/discontinue abuse or neglect and also describe any actions that the organization/provider has already taken to provide safety or correct a situation. For self-neglect assessments, this section does not apply.

#### **11. Other Recommendations**

The CFS Specialist will describe any other recommendations made during the course of the investigation/assessment including any communication to the Division of Public Health-Licensure Unit or other DHHS agencies.

Protective Services

1. Statement of any action taken by APS-
  - Services offered and accepted,
  - No services needed
  - Services refused.
2. Statement of any action taken by the facility, if applicable.